



SBCH QUARTERLY MEETING

December 17, 2015

10am – 12:30pm

Central Office - Dept. of Social Services

- Documentation Requirements
- Parental Consent
- Self-Auditing

Documentation Requirements

- Regulation
- Provider Documentation
 - Types of Documentation
 - Documentation frequency
 - Documentation retention
- Staff Training
- Documentation examples
- Documentation forms overview



SBCH Regulation

Section 17b-262-220, Documentation and Record Retention Requirements, in the State of Connecticut Regulation of the Department of Social Services concerning requirements for payment for SBCH services states:

- (a) A permanent service record documenting each SBCH service provided to each Medicaid eligible child shall be maintained by the LEA at which the child is enrolled at the time of service. The permanent service record may be in paper or electronic format, shall provide and shall include, but is not limited to:
 - (1) the written evaluation and the results of any diagnostic tests;
 - (2) the child's diagnosis, in a manner acceptable to the Department;
 - (3) the IEP signed in accordance with section 10-76d (d) (9) of the Connecticut General Statutes; and
 - (4) progress note(s) signed by a licensed or certified allied health professional who performed or supervised the services within the scope of his or her practice under law.

SBCH Regulation

- b) For each date of service, the qualified health care provider shall keep a service record within the child's record containing all of the following:
 - (1) the date of service
 - (2) the type of service
 - (3) the units of service
 - (4) a brief description of the service provided
 - (5) Whether the service was performed in a group or individual setting; and
 - (6) the signature of the qualified health care provider performing the service.
- c) The LEA shall maintain a current record of the applicable licenses or certifications of practice of all licensed or certified persons performing the services.
- d) The LEA shall maintain all supporting records of costs reported for SBCH services
- e) All records shall be maintained for at least six (6) years.

Additional Information

- Additional examples of records/documentation to be retained include payroll records associated with school personnel providing services and copies of contracts with medical providers.
- Districts are encouraged to establish a mechanism in which to collect and retain documentation according to the requirements stated above for the required period (section e) for both active (current) as well as former employees of the district while adhering to Federal and State HIPAA privacy practices.
- Districts should be advised that documentation may be requested under Federal and/or State audit to support data submitted applicable to SBCH claims. Failure to provide the requested supporting documentation may result in repayment of program funds and/or audit findings and fees. It is suggested that the above information be shared directly with all staff who are actively involved with the SBCH program to ensure district-wide provider compliance.

Types of Documentation

- Session Notes
 - Serves as a record to support the IEP
 - What constitutes a session note? – see sample (S1)
 - Can session notes be electronic? – yes; must contain a unique signature identifier
 - Should session notes contain a signature of the provider? - yes
 - How long are session notes retained? – minimum of 6 years
 - How frequently are session notes required? – each time a student is seen
 - Who retains the session note? – at the district's discretion
- MSI Form – Part 1
 - Serves as a service record – see sample (S2)
 - Frequency and Timeliness of completion/submission – ideally claims should be submitted within 3 months from the date of service
 - Should districts retain copies of MSI Form – Part 1? – yes, in case batches do not transmit properly
- Licenses & Certifications of Providers
 - How often should licenses & certifications be reviewed? – at least yearly – see sample (S3)

Types of Documentation

- MSI Form – Part 2 (aka Progress Note)
 - Frequency? – monthly to report on the entire month of services for each student seen – see sample (S4)
 - What is the difference between MSI Form – Part 1 and MSI Form – Part 2? – Part 1 also serves as a billing form
 - Can progress notes be electronic? – yes as long as the progress note contains all the criteria listed on the paper form
 - Who retains MSI Form – Part 2? – the district
- RMTS (Random Moment Time Study) Moments & Validation
 - Who documents moments? – All Participants
 - How do providers document moments and what is considered sufficient documentation? – see sample (S5-S7)
 - If I don't have documentation, does it still count as a response? Effective 2015, NO!
 - Should RMTS moment documentation be signed? – when requested for Validation, YES!
 - Who retains RMTS documentation? – at the district's discretion
 - Do I have to account for the entire day or just the moment? - the ENTIRE day! It's important to show times, not just activities so that not only can the total time for the entire day be validated but also the time that specifically applies to the direct services listed on the Time Study.

Staff Training

- Districts should conduct training for staff regarding documentation at least annually; additional training for staff who are found to be non-compliant in maintaining adequate and timely documentation is suggested.
- Training should be through a mechanism that is traceable
 - Examples:
 - Power point presentation with signed acknowledgement of completion
 - Workshop with a sign in sheet containing date of attendance
 - Meeting with direct supervisor to go over documentation requirements
 - Documents pertaining to training of staff should be retained by the SBCH coordinator for the district

Documentation Organization

- Some suggestions for documentation organization:
 - **Session Notes:** Districts should emphasize with staff that session notes are the property of the district, not the provider. Therefore, **every effort** should be made to ensure that session notes are retained in a HIPAA compliant manner where they are able to be recalled in the event of an audit.
 - Session notes **should not** be destroyed at the end of a school year or when a provider leaves the district or a student leaves their case load.
 - If a district switches or leaves billing vendors, they should have mechanisms in place to ensure that the data entered into those systems may be retrieved.

Documentation Organization

- **MSI Form – Part 1:** Districts who submit paper MSI forms should retain their fax copy of the documents submitted to DAS. Districts that use billing vendors/software for claim submission must ensure that service documentation is retrievable and contains an electronic signature of the provider recording the service record.
- **Licenses/Certifications:** A listing of staff with licensure/certification expiration dates should be maintained by the district. Licenses may be verified using the State of Connecticut eLicensing website at <https://www.elicense.ct.gov/Lookup/LicenseLookup.aspx>.

Documentation Organization

- **MSI Form – Part 2 (aka Progress Note):** Districts are required to retain MSI Form- Part 2 for each student and provider assigned to that student. MSI Form – Part 2 forms may be retained in either a paper or electronic format. Forms which are retained electronically must contain the signature of the provider. MSI Form – Part 2 should clearly speak to the goals and outcomes within the IEP document.
- **RMTS Moments:** Requested and answered moments are tracked through the UMass system. Providers are required to document the activities recorded on their RMTS moment that was entered into the UMass system. It is recommended that RMTS moment documentation be retained by the SBCH coordinator for the district for possible request during the Validation process.

Parental Consent

got consent?

Federal Regulation

IDEA Part B Final Regulations Related to Parental Consent to Access Public Benefits or Insurance (e.g., Medicaid)

On February 14, 2013, the Department published in the Federal Register IDEA Part B final regulations that change the requirements in 34 CFR 300.154(d) related to parental consent to access public benefits or insurance (e.g., Medicaid). Previously, public agencies were required to obtain parental consent each time access to public benefits or insurance was sought. These final regulations, which take effect on March 18, 2013, will make it easier for school districts to access public benefits while still protecting family rights. The new rules—

- ensure that parents of children with disabilities are informed of all of their legal protections when public agencies seek to access public benefits or insurance to pay for services; and
- address the concerns expressed by State educational agencies and local educational agencies that requiring parental consent each time access to public benefits or insurance is sought, in addition to the parental consent required by the Family Educational Rights and Privacy Act and section 617(c) of the IDEA, imposes unnecessary costs and administrative burdens.

Federal Regulation

Specifically, these final regulations require that public agencies—

- obtain a **one-time written consent** from the parent, after providing the written notification described below, *before* accessing the child's or the parent's public benefits or insurance for the first time. This consent must specify (a) the personally identifiable information that may be disclosed (e.g., records or information about the services that may be provided to a particular child); (b) the purpose of the disclosure (e.g., billing for services); and (c) the agency to which the disclosure may be made (e.g., Medicaid). The consent also must specify that the parent understands and agrees that the public agency may access the child's or parent's public benefits or insurance to pay for services.
- provide **written notification** to the child's parents *before* accessing the child's or the parent's public benefits or insurance for the first time and prior to obtaining the one-time parental consent and annually thereafter. The written notification must explain all of the protections available to parents under Part B, as described in 34 CFR §300.154(d)(2)(v) to ensure that parents are fully informed of their rights before a public agency can access their or their child's public benefits or insurance to pay for services under the IDEA. The notice must be written in language understandable to the general public and in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so.

Federal Regulation

In Summary:

- The regulations protect family rights by ensuring that (1) the **one-time parental consent** specifies that the parent understands and agrees that the public agency may access their or their child's public benefits or insurance to pay for services under the IDEA; and (2) the **written notification** provides parents with critical information that they may not have received in the past to enable parents to understand all of their rights and protections when a public agency seeks to access their or their child's public benefits or insurance.
- At the same time, the regulations reduce burden in that public agencies are no longer required to obtain parental consent each time access to public benefits or insurance is sought. By no longer requiring public agencies to obtain parental consent each time access to public benefits or insurance is sought, public agencies will experience a reduction in paperwork and will be able to implement a simplified process to access a child's or parent's public benefits or insurance.

Initial Consent

- Under the new regulations, a school district must obtain the first written parental consent before accessing a child's or parent's Medicaid benefits for the first time. The new regulations also require that the public agency provide written notification to the child's parents **before** parental consent is obtained. (see sample S8-S12)
- It is important to note that Parental Consent is prospective, not retrospective....meaning: **Districts cannot bill for any services provided prior to obtaining the parent's signed consent.**

Annual Notification

- May be mailed to the parents; or
- Emailed if requested by the parents, or
- Provided at an IEP Team Meeting if the meeting occurs prior to the first time a public agency accesses a child's or parent's public benefits or insurance, or
- Provided through other means determined by the public agency, so long as all of the written notification requirements in the new regulations are met. This includes the requirement that the public agency provide written notification before obtaining parental consent.

*Remember that parental consent notification must be in language understandable to the general public and in the native language of the parent or other mode of communication used by the parent. (see sample S13-S14)

****Suggestion – try to provide annual notification in August prior to the school year starting.**

Record Keeping

- Parental Consent forms should be filed in the child's IEP file.
 - It is the responsibility of the district to ensure that the parental consent form is fully completed.
 - Districts should also record the date the initial notification was provided.
 - Districts should retain a copy of the parental consent form when the child's parent has declined to provide consent.
 - Districts should record the date and method of when annual notification is provided.

Revocation

- Parental Consent may be revoked at any time desired by the parent.
 - Districts do not have to return funds collected prior to the revocation date however districts may not bill Medicaid for services that fall after the date the revocation was executed.
 - The parental consent form is used not only to collect consent but also for revocation (see sample form included).
 - Districts may attempt to obtain parental consent in the future from parents who have declined or revoked consent as long as they are provided with notification prior to requesting their consent.

Common Questions

Q: A student who was previously part of the district has returned. Can the district use the previously signed parental consent?

A. No. A new notification must be provided and a new consent form must be collected.

Q: A student has transferred to a different school within the same public agency. Does the district need to collect a new parental consent form?

A. No. The consent collected would continue to apply as long as it is for a student who is transferring from one school to another within the same district.

Common Questions

Q: Can the written notification and parental consent form be presented to the parent at the same time, for example included in the same mailing or handed out together at the IEP?

A. Yes. As long as the parent receives the appropriate written notification before the public agency requests written consent prior to accessing the child's or parent's public benefits or insurance for the first time.

Q. If a parent has previously declined to provide parental consent may the school continue to ask for consent.

A. Yes. After providing the written notification to the parent, the school district may make reasonable requests to obtain the parental consent.

Common Questions

- Q: Where should parental consent forms be filed?
- A. Forms should be kept in the child's IEP file within the district.
- Q. Should records be kept of when the annual notification was provided to students for whom the district currently has parental consent on file?
- A. It is suggested that a record be kept indicating those students for whom parental consent is on file with a notation of when (the date) the annual notification is provided and the method in which it was provided.

Common Questions

Q: A parent who previously did not return a signed Parental Consent Form has now returned their form 4 months after the initial notification and request for consent was made. Can the district bill services back to the date of the initial request since no official denial was made by the parent?

A. No. Parental Consent is effective from the date the form is completed with a signature indicating consent is granted. When a form is not returned, it is to be understood that consent has not been granted by the parent due to their non-answer.

Self-Auditing



Who Audits the SBCH Program?

To guard against fraud and verify proper use of Medicaid funds, various entities audit Medicaid program expenditures. These include federal agencies within the U.S. Department of Health and Human Services (DHHS), such as the Centers for Medicare and Medicaid Services (CMS) and the Office of the Inspector General (OIG) or their contractors.

The State of Connecticut Department of Social Services (DSS) Office of Quality Assurance (QA) is responsible for ensuring the fiscal and programmatic integrity of all programs administered by DSS.

The Reimbursement and CON Unit within DSS may also conduct random audits of districts to ensure that the proper documentation and forms are on file for the program.

Common Findings in Audits

- Missing documentation, including daily session notes, copy of the IEP, parental consent form, attendance records, transportation logs, and progress notes
- Claims for services on dates when the student or service provider were not present
- Claims for services not authorized in the student's IEP
- Claims for services furnished by a non-licensed or otherwise unqualified provider

District Responsibility

- Under IDEA, districts must ensure that students receive all services in the IEP, whether or not such services are/may be billed to Medicaid. Districts must have systems in place to ensure that only services that are authorized in the IEP are billed to Medicaid using the district's Medicaid provider number.
- In order to assure the integrity of their Medicaid-covered IEP services, districts must have systems in place to monitor service delivery, claims billed and payments received, and to establish systems to ensure that billing is supported by proper documentation.
- Note that the district, **not** the billing agent, is ultimately responsible for the appropriate and accurate billing.

Self-Auditing

Audits can be an overwhelming experience for districts, especially when they are not prepared. Self-Auditing is one way to reduce the risk of adverse findings and repayments/recoupments in the event that your district is selected for a state or federal audit.

The following documents are considered essential to support Medicaid claims for IEP services:

- ✓ Assessments or evaluations
- ✓ The student's IEP(s)
- ✓ Provider credentials, certifications, licenses
- ✓ Service logs, session notes, and progress notes
- ✓ Provider and student attendance logs
- ✓ Up-to-date and accurate billing records

Self-Auditing Checklist

- ☐ Are services documented through session notes
- ☐ Are monthly progress notes (MSI Form – Part 2) completed
- ☐ Is Medicaid billing current (less than 3 months behind)
- ☐ Are RMTS moments sufficiently documented and retained
- ☐ Are licensure documents up-to-date and on file within the district
- ☐ Is there a current IEP on file for the student with services clearly identified
- ☐ Is initial notification documented for parental consent
- ☐ Is parental consent on file in the child's IEP file
- ☐ Has annual notification been provided and documented

Knowledge benefits everyone

- Knowledge is one of the greatest tools in having a successful program:
 - Districts are encouraged to share information pertinent information regarding the SBCH program with the providers within their district.
 - Sharing information and the importance of the requirements of the program provides providers with the opportunity to buy in to the program; if they don't understand the benefits they are less apt to want to fully participate.
 - Regular training sessions surrounding documentation requirements, RMTS compliance, and audit preparedness should be held with providers.
 - Peer review groups within districts have proven to be helpful in ensuring that districts are following program requirements.

Next Meeting!

March 2016